

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 1, 1988

ALL-COUNTY LETTER NO. 88-140

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FOOD STAMP PROGRAM MONTHLY CASELOAD
MOVEMENT STATISTICAL REPORT

REFERENCE: ALL-COUNTY LETTER NO. 84-11
ALL-COUNTY INFORMATION NOTICE I-84-88
DIVISION 26, SECTION 311

The purpose of this letter is to transmit a copy of the revised Food Stamp Program Monthly Caseload Movement Statistical Report, Form DFA 296 (10/88) and instructions for completing the new line items of the report. Counties will continue to use current Division 26 instructions for completing the rest of the report.

The revised DFA 296 includes the new data items indicated below:

- o In Part A, Applications For Food Stamps: Item 4a(1), "In over 30 days (County Welfare Department [CWD] caused)."
- o In Part A, Applications For Food Stamps: Item 4b(1), "In over 30 days (CWD caused)."
- o In Part C, Recertifications: Item 12, "Overdue recertifications (CWD caused)."

Following are instructions for completing the above data items:

Item 4a(1) "In over 30 days (CWD caused)"

This is the number of applications reported in Item 4a (approvals) which were processed in over 30 days due to CWD error. Please provide information for both public assistance (PAFS) and nonassistance (NAFS) households.

Item 4b(1) "In over 30 days (CWD caused)"

This is the number of applications reported in Item 4b (denials) which were processed in over 30 days due to CWD error. Please provide information for both PAFS and NAFS households.

Item 12 "Overdue recertifications (CWD caused)"

This is the number of households reported in Items 11a and 11b which reapplied prior to the end of their current certification period, but were not processed within required timeframes due to CWD error. Households reapplying after the end of their certification period shall not be included here as they are reported as new applications in accordance with ACL 84-11. Please provide information for both PAFS and NAFS households.

Please keep this information on file until further notice or receipt of a revised Division 26, Section 311.

Due to the late mailing of this form and its instructions, the initial October 1988 implementation date has been changed to November 1988. Counties may photocopy the enclosed form and use it for reporting purposes until a warehouse supply is available. The revised form will be available in pads of 50 from the State Department of Social Services warehouse by January.

If you have any questions regarding the above information, please call Anthony Armenta of the Statistical Services Section at (916) 323-4942 or ATSS 473-4942.



DENNIS J. BOYLE
Deputy Director

Enclosure

cc: CWDA

Send One Copy To:

FOOD STAMP PROGRAM
MONTHLY CASELOAD MOVEMENT
STATISTICAL REPORTDEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES
744 P STREET, MAIL STATION 19-81
SACRAMENTO, CALIFORNIA 95814

- ☐ Fiscal Report Month - Cut Off Date _____
- ☐ Calendar Report Month

COUNTY	COUNTY CODE	STATE USE ONLY	
FOR THE MONTH OF		MONTH	YEAR
19			

PART A. APPLICATIONS FOR FOOD STAMPS

1. Pending from last month (Item 5 last month, or explain)
2. Received during the month
3. Total during the month (Sum of 1 and 2)
4. Disposed of during month (Sum of a, b, and c below)
- a. Total approved (Same as Part B, 7a)
- (1) In over 30 days (CWD caused) PAFS 05 NAFS 06
- b. Denied
- (1) In over 30 days (CWD caused) PAFS 08 NAFS 09
- c. Withdrawn
5. Applications pending at end of month (3 minus 4 above)

01	
02	
03	
04	
07	
PAFS	NAFS
10	11
12	13
14	

PART B. CERTIFIED CASELOAD MOVEMENT

6. Cases brought forward from last month (Item 10 last month or explain)
7. Cases added during month (Sum of a through c, below)
- a. Applications approved
- b. Transfer in assistance classification from PAFS or NAFS
- c. Other approvals
8. Total cases open during month (Sum of 6 and 7, above; also a plus b, below)
- a. Certified eligible to participate during the report month
- b. Cases certified for future months only
9. Cases terminated during the report month
10. Cases carried forward to next month (8 minus 9)

PAFS		NAFS	
15		16	
17		18	
19		20	
21		22	
23		24	
25		26	
27		28	
29		30	
31		32	
33		34	

PART C. RECERTIFICATIONS

11. Number of recertifications disposed of during the report month
(Sum of a and b, below)
- a. Determined continuing eligible
- b. Determined ineligible
12. Overdue Recertifications (CWD caused)

PAFS		NAFS	
35		36	
37		38	
39		40	
41		42	

PART D. TO BE USED ONLY ON INSTRUCTIONS FROM SDSS

13.
14.
15.

43	44
45	46
47	48

REPORT PREPARED BY:

TELEPHONE:

DATE:

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